Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013356	A. BUILDING: _____ B. WING _____	R-C 04/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNSBURG MEADOWS ASSISTED LIVING	7133 MEADOW TRAIL BROWNSBURG, IN 46112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00195750 completed on 3/17/16. Complaint IN00195750 - Corrected. Survey date: April 28, 2016 Facility number: 013356 Provider number: 013356 AIM number: N/A Census bed type: Residential: 91 Total: 91 Census payor type: Other: 91 Total: 91 Sample: 3 Brownsburg Meadows Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00195750. Quality review completed April 29, 2016 by 29479.	{R 000}		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE